Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

Sponsor Name _____ _____     CTD # _____

Site Name_____

List participants qualifying for _____ meals:

Name

| Last        First | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
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Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

Sponsor Name _____ _____    CTD # _____

Site Name_____

List participants qualifying for **FREE** meals:

Name

| Last        First | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
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Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

Sponsor Name _____ _____ CTD # _____

Site Name_____

List participants qualifying for **REDUCED** meals:

Name

| Last          First | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
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Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____


Sponsor Name _____ _____ CTD # _____

Site Name _____

List participants qualifying for **PAID** meals:

Name

| Last        First | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
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